



Provider ID:

Boxes marked with ★ = Refer to Key at end of form

☐ Deceased

Suffix:

3 = Provided by Both Your Agency and Another Agency

Parenting Classes

☐ Refused

► 12. Was the client homeless at Intake/Enrollment (whether or not chronic)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>If the answer to Q 12 is 'Yes', Question 12a and 12b are required. If the answer to 12 is 'No', skip to Question 13</i>		
12a. Detailed Living Arrangement at Disenrollment <input type="text"/> ★		
12b. Permanence of Living Situation at Disenrollment* <input type="checkbox"/> Permanent <input type="checkbox"/> Transitional <input type="checkbox"/> Refused <input type="checkbox"/> Unknown		
► 13. Has there been any drug or alcohol use in the last 30 days or since Enrollment if in treatment less than 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If the client left treatment unexpectedly, base answer on last face-to-face session. If answer to Q 13 is 'No', skip to Q 17</i>		
<p>If the answer to Q. 13 is 'Yes', please rank substance abuse problems by selecting the CURRENT primary, secondary, and tertiary substance as the current drugs of choice. Rank substances by entering the corresponding letter on the next page – letters A-U. (Neither nicotine/tobacco nor gambling can be a primary, secondary, or tertiary substance). (If no secondary or tertiary substance exists, please leave those questions blank.)</p> <p>Also, please report Frequency of Use in the last 30 days or since Enrollment if in treatment less than 30 days, and Route of Administration for each substance reported. For these fields, enter corresponding code from list on next page.</p>		
14a. Primary Substance <input type="text"/>	14b. Frequency of Use <input type="text"/>	14c. Route of Administration <input type="text"/>
15. Did the client use a Secondary Drug during the last 30 days/since Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
15a. Secondary Substance <input type="text"/>	15b. Frequency of Use <input type="text"/>	15c. Route of Administration <input type="text"/>
16. Did the client use a Tertiary Drug during the last 30 days/since Enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16a. Tertiary Substance <input type="text"/>	16b. Frequency of Use <input type="text"/>	16c. Route of Administration <input type="text"/>
► 17. Did the client use Nicotine/Tobacco since Enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <input type="checkbox"/> Unknown If you answered Yes to Q 17., answer 17a and 17b,		
17a. Number of cigarettes currently smoked per day? (Indicate number of cigarettes, not number of packs: 1 pack = 20 cigarettes): <input type="text"/> <i>If client uses another type of nicotine/tobacco product, mark Zero (0) and go to Q 17b.</i>		
17b. While in this program, did the client attempt to stop using nicotine/tobacco? 01 <input type="checkbox"/> Yes 02 <input type="checkbox"/> No 88 <input type="checkbox"/> Refused 99 <input type="checkbox"/> Unknown		
► 18. While at your program, did the client receive psychotropic medication? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'No' skip to Q 19, if 'Yes' answer Q 18a.</i>		
18a. If yes, specify category(ies) of psychotropic medication taken. (Check all that apply) <input type="checkbox"/> Anti-depressants <input type="checkbox"/> Mood Stabilizers <input type="checkbox"/> Psycho-Stimulants <input type="checkbox"/> Anti-Psychotics <input type="checkbox"/> Anti-Anxiety		
► 19. While at your program, did the client receive psychiatric crisis intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'No' skip to Q 20, if 'Yes' answer Q 19a.</i>		
19a. If yes, Specify all psychiatric services received. (Check all that apply.) <input type="checkbox"/> Evaluation by a psychiatrist <input type="checkbox"/> Psychiatric emergency room services <input type="checkbox"/> Evaluation by a crisis team <input type="checkbox"/> Assessment by clinical nurse specialist for behavior issues		
► 20. While at your program, did the client receive medical intervention? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If 'No' skip to Q 21 if 'Yes' answer Q 20a.</i>		
20a. If yes, Specify which types of medical conditions required interventions: (Check all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Asthma/Allergies / Respiratory Infections</div> <div style="width: 33%;"><input type="checkbox"/> Diabetes</div> <div style="width: 33%;"><input type="checkbox"/> Lice/Scabies / Lyme</div> <div style="width: 33%;"><input type="checkbox"/> Prenatal/postpartum / GYN care</div> <div style="width: 33%;"><input type="checkbox"/> Hypertension/High Blood Pressure</div> <div style="width: 33%;"><input type="checkbox"/> Cellulitis / skin wound / infections</div> <div style="width: 33%;"><input type="checkbox"/> Urinary Tract / Bladder Infection</div> <div style="width: 33%;"><input type="checkbox"/> Seizures</div> <div style="width: 33%;"><input type="checkbox"/> Other</div> <div style="width: 33%;"><input type="checkbox"/> HIV / Hep C / STD</div> <div style="width: 33%;"><input type="checkbox"/> Eye/Ear Care</div> <div style="width: 33%;"><input type="checkbox"/> Dental</div> <div style="width: 33%;"><input type="checkbox"/> Ulcer / Gastric distress</div> </div>		
► 21. Employment status at Disenrollment <input type="text"/> ★		

★ Q 6 Frequency of Attendance at Self-Help Programs					
Code		Code		Code	
01	No attendance in the past month	05	16-30 times in past month (4 or more times per wk)		
02	1-3 times in past month (less than once per week)	06	Some attendance, but frequency unknown		
03	4-7 times in past month (about once per week)	99	Unknown		
04	8-15 times in past month (2 or 3 times per week)				

★ Q 7. Referral at Disenrollment					
Code		Code		Code	
00	<i>Change</i> Referral Not Needed – Assessment Indicates that Client Does Not Require Entering Formal Treatment	20	<i>Change</i> Health Care Professional, Hospital		67 <i>Discontinued</i>
95	<i>New</i> Referral Not Needed – Appropriate Mental Health Clinical Services Already in Place	21	Emergency Room	68	Office of the Commissioner of Probation
96	<i>Change</i> Referral Not Needed – Appropriate Substance Abuse Clinical Services Already in Place	22	HIV/AIDS Program		
97	Referral Not made – Client Dropped Out	23	Needle Exchange Program	69	Massachusetts Parole Board
98	Referral Attempted – Not Wanted by Client		24 through 25 <i>Discontinued</i>	70	Dept. of Youth Services
01	Self, Family, Non-medical Professional	26	<i>New</i> Mental Health Care Professional	71	Dept. of Children and Families
02	BMC Central Intake/Room 5		27 through 29 <i>Discontinued</i>	72	Dept. of Mental Health
03	ATS/Detox	30	School Personnel, School System/College	73	Dept. of Developmental Services
04	Transitional Support Services/TSS	31	<i>New</i> Recovery High School	74	Dept. of Public Health
05	Clinical Stabilization Services/CSS-CMID		32-39 <i>Discontinued</i>	75	Dept. of Transitional Assistance
06	Residential Treatment	40	Supervisor/employee Counselor	76	Dept. of Early Education and Care
07	Outpatient SA Counseling		41 through 49 <i>Discontinued</i>	77	Mass. Rehab. Commission
08	Opioid Treatment	50	Shelter	78	Mass. Commission for the Blind
09	Drunk Driving Program	51	Community or Religious Organization	79	Mass. Comm. For Deaf & Hard of Hearing
10	Acupuncture		52 through 58 <i>Discontinued</i>	80	Other State Agency
11	Gambling Program	59	Drug Court	81	Division of Medical Assistance/MassHealth
	12 & 13 <i>Discontinued</i>		60– 63 <i>Discontinued</i>		
14	Sober House	64	Prerelease, Legal Aid, Police	99	Unknown
	15 <i>Discontinued</i>		65-66 <i>Discontinued</i>		
16	<i>New</i> Recovery Support Center				
17	Second Offender Aftercare				
18	Family Intervention Programs				
19	Other Substance Abuse Treatment				

★ Q.8 Employment Status at Disenrollment					
Code		Code		Code	
1	Working Full Time	6	Not in Labor Force - Retired	11	Volunteer
2	Working Part time	7	Not in Labor Force - Disabled	12	Other
3	Unemployed - Looking	8	Not in Labor Force - Homemaker	13	Maternity/Family Leave
4	Unemployed-Not Looking	9	Not in Labor Force- Other		
5	Not in Labor Force-Student	10	Not in Labor Force- Incarcerated	99	Unknown

★ H2. Detailed Living Arrangement at Discharge					
1	Emergency Shelter	10	Rental room/house/apartment		
2	Transitional Housing for Homeless	11	Apartment or House that you own.		
3	Permanent housing for formerly homeless	12	Living With Family		
4	Psychiatric Hospital or Facility	13	Living With Friends		
5	Substance abuse/detox center	14	Hotel/Motel: no emergency shelter voucher		
6	Hospital	15	Foster care/group home		
7	Jail; Prison or Juvenile Facility	16	Place not meant for habitation		
8	Don't know	17	Other		
9	Refused				

★ Questions 14a – 16c					
★ Primary/Secondary/Tertiary Substance Codes				★ Frequency of Use	
A	Alcohol	K	Other Amphetamines	1	No use during last 30 days or since enrollment
B	Cocaine	L	Other Stimulants	2	1-3 times during last 30 days or since enrollment
C	Crack	M	Benzodiazepines	3	1-2 times per week during last 30 days or since enrollment
D	Marijuana / Hashish	N	Other Tranquilizers	4	3-6 times per week during last 30 days or since enrollment
E	Heroin	O	Barbiturates	5	Daily use during the last 30 days or since enrollment
F	Prescribed Opiates	P	Other Sedatives / Hypnotics	99	Unknown
G	Non-prescribed Opiates	Q	Inhalants		
H	PCP	R	Over the Counter		
I	Other Hallucinogens	S	Club Drugs		
J	Methamphetamine	U	Other		

★ Route of Administration	
1	Oral (swallow and/or chewing)
2	Smoking
3	Inhalation
4	Injection
5	Other